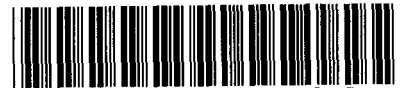


ORIGINAL

NEW APPLICATION



0000154090



RECEIVED

September 25, 2014

2014 SEP 29 P 12: 51 Via Overnight Delivery

Docket Control Center
Arizona Corporation Commission
1200 West Washington Street
Phoenix, AZ 85007-2927

AZ CORP COMMISSION
DOCKET CONTROL

T-20642A-14-0352

RE: **Radical System Solutions, Inc.**
Voluntary Withdrawal of Certificate of Convenience and Necessity & Cancellation of Tariff

Dear Sir or Madam:

Enclosed for filing please find the original and thirteen (13) copies of the above referenced filing submitted on behalf of Radical Systems Solutions Inc. ("Radical") to request cancellation of its Certificate of Convenience and Necessity to provide Customer-Owned Pay Telephone Service (granted in Docket No. T-20642A-08-0588, Decision 71265 on September 3, 2009). At this time we also request cancellation of their tariff on file.

The company has never provided service to any customers in Arizona and had no presubscribed customers. The company is no longer operational and will be dissolved in the very near future. For this reason, the Applicant respectfully requests a waiver of any applicable customer notice and public notifications required in 4-2-1107 (A)(2) and (B). Enclosed is an Affidavit stating as such. Also enclosed is an Application for the Cancellation of Certificate of Convenience and Necessity, as required by the Commission.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Any questions you may have regarding this filing should be directed to my attention at 407-740-3005 or via email to swarren@tminc.com.

Sincerely,

Sharon R. Warren
Consultant to Radical System Solutions, Inc.

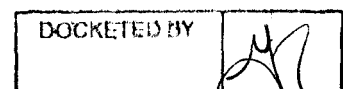
cc: Don Middleton - Radical
file: Radical - Arizona - Other
tms: AZx1401

Enclosures
RN/sw

Arizona Corporation Commission

DOCKETED

SEP 29 2014



ARIZONA CORPORATION COMMISSION

APPLICATION

FOR THE SALE OF ASSETS

AND/OR

CANCELLATION OF CERTIFICATE OF CONVENIENCE AND NECESSITY (CC&N)

FOR

CUSTOMER OWNED PAY TELEPHONE (COPT) PROVIDERS

Mail or deliver an Original and 13 copies of this application to:

Docket Control Center
Arizona Corporation Commission
1200 West Washington Street
Phoenix, Arizona 85007

List the name, address, and telephone number of the person or entity (Applicant) that subscribed to the phone line from the local exchange company, indicate Business Name (if different than Applicant):

Radical System Solutions, Inc.

(Applicant's Name)

(Business Name if different than Applicant's Name)

8018 E. Santa Ana Canyon Rd.
(Applicant's Address) Suite 100#163

Jim.Brownfield@radical.com
(Applicant's Email Address)

Anaheim, CA 92808
(Applicant's Address)

(866)490-5495
(Applicant's Telephone Number)

- ☒ By checking this box, the Applicant indicates it no longer provides, or never did provide, COPT service in the State of Arizona and requests cancellation of its CC&N.
- ☐ By checking this box, the Applicant is requesting authority to sell its COPT assets pursuant to A.R.S. Section 40-285 and to cancel its CC&N. Do not check this box if you are not selling your pay telephones.
- ☒ By checking this box, the Applicant gives up its right to notice and a hearing. Applicant has a right to a hearing and to receive notice of the hearing date in order to cancel the CC&N.
- ☒ By checking this box, the undersigned states s/he is the authorized person to make this application.

Please print your name and sign:

Sharon R. Warren
(Print Name)

Sharon R. Warren
(Signature)

DO NOT WRITE IN THIS SPACE

STAFF RECOMMENDATIONS

AFFIDAVIT

State of: California

)

)

ss

County of: Orange

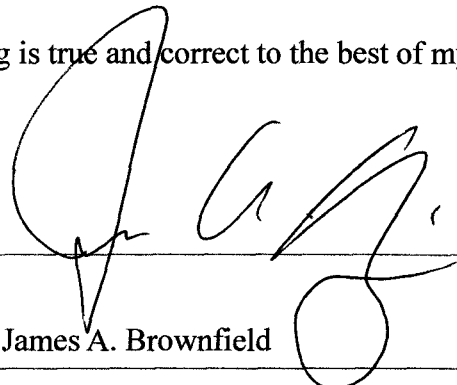
)

James A. Brownfield, being duly sworn, states as follows:

1. I am the President of Radical Systems Solutions, Inc., a corporation authorized to provide interexchange service in Arizona in Docket No. T-20642A-08-0588, and am authorized to act as an agent of the Company.
2. I make this Affidavit in support of the Company's Application for the Cancellation of Certificate of Convenience and Necessity for Customer Owned Pay Telephone Providers in the state of Arizona.
3. In my capacity as President, I have personal knowledge of the number of customers the Company serves in every state in which it operates.
4. That, based on my personal knowledge and after due examination of the Company's records, I certify that Company is currently not providing telecom services to any customers in the state of Arizona.
5. That the foregoing is true and correct to the best of my information and belief.

Further affiant sayeth not.

By:



Name: James A. Brownfield

Title: President

Date:

9/18/2014

This 18th day of September, 2014

Notary Public

See Attachment

My Commission expires:

Jurat

State of California

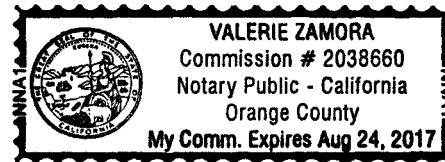
County of Orange

Subscribed and sworn to (or affirmed) before me on this 18th day of September,
20 14 by James A. Brownfield

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

[Signature]
Signature

(Notary seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit

(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 2 Document Date 9/18/14

(Additional information)

INSTRUCTIONS FOR COMPLETING THIS FORM

The wording of all Jurats completed in California after January 1, 2008 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document